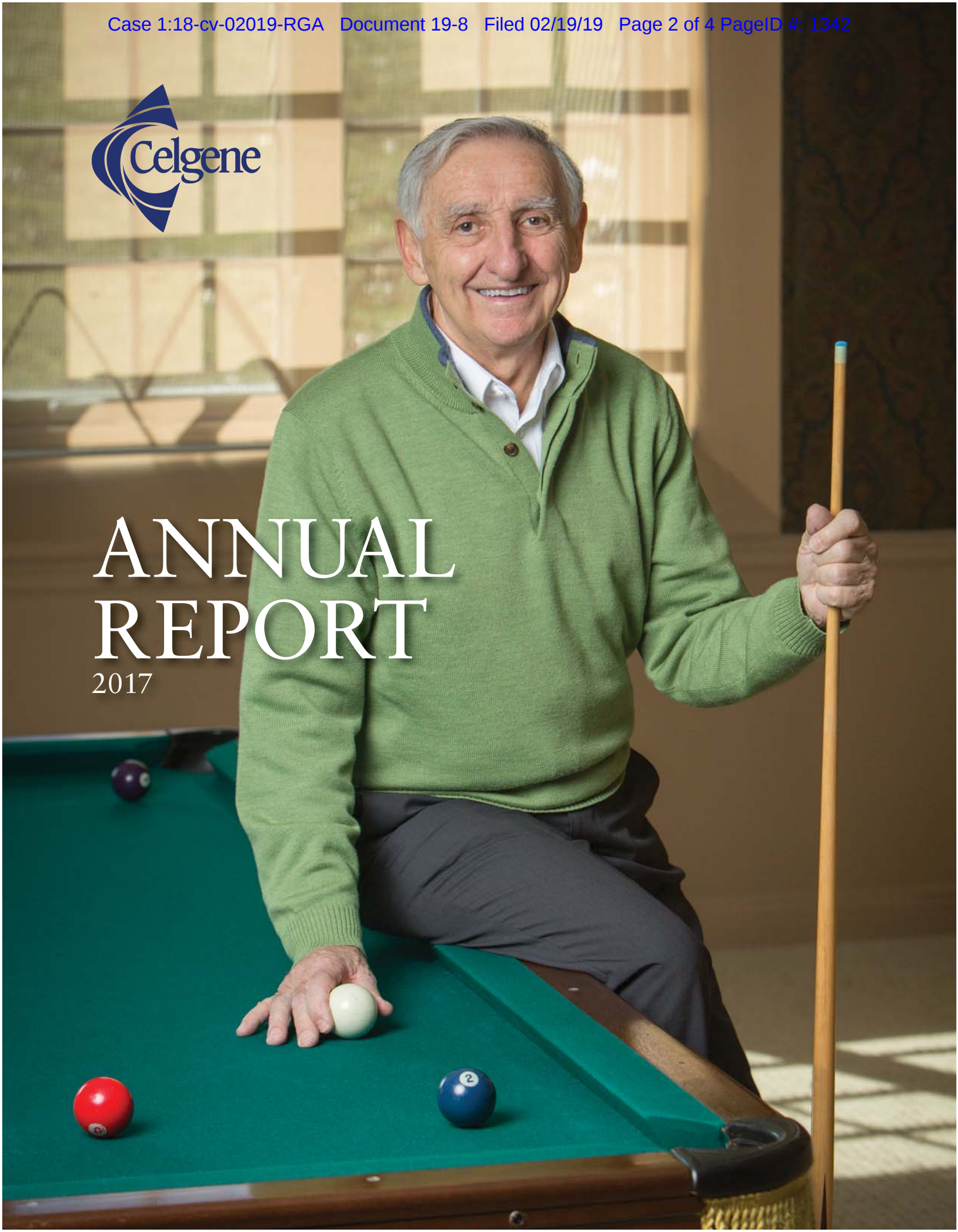
EXHIBIT H


Celgene
ANNUAL
REPORT
2017

REVLIMID® net sales increased by approximately $1.2 billion, or 20.2%, to approximately $7.0 billion in 2016 compared to 2015, primarily due to increased unit sales in both U.S. and international markets and price increases in the U.S. market. Increases in market penetration and treatment duration of patients using REVLIMID® in multiple myeloma contributed to the increase in U.S. unit sales. The growth in international markets resulted from volume increases, primarily driven by increased duration of use and market share gains. REVLIMID® launched in the U.S. and EU for Newly Diagnosed Multiple Myeloma following approval in February 2015.

POMALYST®/IMNOVID®

	2017	2016	2015	Percent Change 2017 versus 2016	Percent Change 2016 versus 2015
U.S.	$ 1,008	$ 778	$ 592	29.6%	31.4%
International	606	533	392	13.7%	36.0%
Worldwide	$ 1,614	$ 1,311	$ 984	23.1%	33.2%

POMALYST®/IMNOVID® net sales increased by $303 million, or 23.1%, to approximately $1.6 billion for 2017 compared to 2016, primarily due to increased sales in the U.S. and to a lesser extent international markets. In the U.S., sales growth increased primarily due to an increase in unit sales and, to a lesser extent, price increases. In addition, unit sales increased across all international regions, primarily in Europe. Increases in market share and treatment duration contributed to the increases in U.S. and international regions. International volume growth was partially offset by net price decreases.

POMALYST®/IMNOVID® net sales increased by $327 million, or 33.2%, to approximately $1.3 billion in 2016 compared to 2015, reflecting net sales of $778 million in the U.S. and $533 million in international markets. Increases in treatment duration contributed to the increase in U.S. and international net sales of POMALYST®/IMNOVID®. Achieving reimbursement in additional countries, notably in Japan, also contributed to the growth of POMALYST®/IMNOVID® net sales in international markets.

OTEZLA®

	2017	2016	2015	Percent Change 2017 versus 2016	Percent Change 2016 versus 2015
U.S.	$ 1,058	$ 904	$ 440	17.0%	105.5%
International	221	113	32	95.6%	253.1%
Worldwide	$ 1,279	$ 1,017	$ 472	25.8%	115.5%

OTEZLA® net sales increased by $262 million, or 25.8%, to approximately $1.3 billion for 2017 compared to 2016, primarily due to increased worldwide unit sales. Net sales in the U.S. were volume driven reflecting increased market share and expanding patient access. We anticipate a slowing in market growth, offset by continued market share expansion in the U.S. due to new managed care contracts, as well as increasing contributions from early launch countries in Europe, the launch in Japan, and launches subsequent to additional international approvals. International volume growth was partially offset by net price decreases.

OTEZLA® net sales increased by $545 million to approximately $1.0 billion in 2016 compared to 2015, reflecting net sales of $904 million in the U.S. and $113 million in international markets. As 2016 was the second full year on the market in the U.S., growth in the U.S. reflects increased market share and expanding accessibility to patients. Sales in international markets continued to expand during 2016, with growing sales in early launch countries in Europe and additional international approvals.

ABRAXANE®

	2017	2016	2015	Percent Change 2017 versus 2016	Percent Change 2016 versus 2015
U.S.	$ 607	$ 634	$ 653	(4.3)%	(2.9)%
International	385	339	314	13.6 %	8.0 %
Worldwide	$ 992	$ 973	$ 967	2.0 %	0.6 %

ABRAXANE® net sales increased by $19 million, or 2.0%, to $992 million for 2017 compared to 2016, primarily due to increases in unit sales in international markets. The increase was partially offset by decreased unit sales in the U.S. The decrease in U.S. unit sales reflects the continuing competition in breast cancer and lung cancer indications.

ABRAXANE® net sales increased by $6 million, or 0.6% to $973 million in 2016 compared to 2015. The increase in international sales was primarily due to increased unit sales, which were partially offset by price decreases. The decrease in U.S. sales was due to volume decreases partly offset by price increases. The decrease in U.S. sales reflects the increased competition in breast cancer and lung cancer indications from new market entrants.

OTHER PRODUCT SALES

				Percent Change	
	2017	2016	2015	2017 versus 2016	2016 versus 2015
U.S.	$ 211	$ 248	$ 304	(14.9)%	(18.4)%
International	690	662	633	4.2 %	4.6 %
Worldwide	$ 901	$ 910	$ 937	(1.0)%	(2.9)%

All other product sales, which include IDHIFA®, VIDAZA®, azacitidine for injection, which is an authorized generic version of VIDAZA® (generic azacitidine for injection), THALOMID®, and ISTODAX®, decreased by $9 million in 2017 compared to 2016, primarily due to decreases in generic azacitidine for injection and THALOMID® net sales, which were partially offset by increases in net sales from the launch of IDHIFA® and VIDAZA® net sales.

All other product sales, decreased by $27 million in 2016 compared to 2015, primarily due to decreases in THALOMID® and generic azacitidine for injection net sales, which were partially offset by increases in VIDAZA® and ISTODAX® net sales.

Other Revenue: Other revenue decreased by $14 million to $30 million for 2017 compared to 2016. This decrease is primarily due to a reduction in royalty revenue from Novartis AG (Novartis) based upon its sales of both RITALIN® and FOCALIN XR®, both of which have been unfavorably impacted by generic competition in certain markets. Beginning in fiscal 2018, we are no longer entitled to receive royalties on RITALIN® and FOCALIN XR®.

Other revenue decreased by $51 million to $44 million for 2016 compared to 2015 primarily due to a $36 million decrease in royalty revenue from Novartis based upon its sales of both RITALIN® and FOCALIN XR®, both of which were unfavorably impacted by generic competition in certain markets.

Gross to Net Sales Accruals: We record gross to net sales accruals for government rebates, chargebacks and distributor service fees, sales discounts, and sales returns and allowances.

REVLIMID®, POMALYST® and THALOMID® are distributed in the United States primarily through contracted pharmacies under the REVLIMID Risk Evaluation and Mitigation Strategy (REMS), POMALYST REMS® and THALOMID REMS® programs, respectively. These are proprietary risk-management distribution programs tailored specifically to provide for the safe and appropriate distribution and use of REVLIMID®, POMALYST® and THALOMID®. Internationally, REVLIMID®, THALOMID®/Thalidomide Celgene® and IMNOVID® are distributed under mandatory risk-management distribution programs tailored to meet local authorities' specifications to provide for the product's safe and appropriate distribution and use. These programs may vary by country and, depending upon the country and the design of the risk-management program, the product may be sold through hospitals or retail pharmacies. OTEZLA®, ABRAXANE®, ISTODAX® and VIDAZA® are distributed through the more traditional pharmaceutical industry supply chain and are not subject to the same risk-management distribution programs as REVLIMID®, POMALYST®/IMNOVID® and THALOMID®/Thalidomide Celgene®.

Government rebate accruals are based on estimated payments due to governmental agencies for purchases made by third parties under various governmental programs. U.S. Medicaid rebate accruals are generally based on historical payment data and estimates of future Medicaid beneficiary utilization applied to the Medicaid unit rebate formula established by the Center for Medicaid and Medicare Services. The Medicaid rebate percentage was increased and extended to Medicaid Managed Care Organizations in March 2010. The accrual of the rebates associated with Medicaid Managed Care Organizations is calculated based on estimated historical patient data related to Medicaid Managed Care Organizations. We also analyze actual billings received from the states to further support the accrual rates. Manufacturers of pharmaceutical products are responsible for 50% of the patient's cost of branded prescription drugs related to the Medicare Part D Coverage Gap. In order to estimate the cost to us of this coverage gap